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CONFIRMATION NO. 6685

<b>SERIAL NUMBER</b> 09/390,303	<b>FILING OR 371(c) DATE</b> 09/03/1999 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2165	<b>ATTORNEY DOCKET NO.</b> 9877-0003-20
<b>APPLICANTS</b> ATLE HEDLOY, STABEKK, NORWAY; <b>** CONTINUING DATA</b> <i>Verified An</i> <b>** FOREIGN APPLICATIONS</b> <i>Verified An</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/23/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Am</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 38
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 24267				
<b>TITLE</b> METHOD, SYSTEM AND COMPUTER READABLE MEDIUM FOR ADDRESSING HANDLING FROM AN OPERATING SYSTEM				
<b>FILING FEE RECEIVED</b> 681	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	